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CONFIRMATION NO. 3667

SERIAL NUMBER 10/502,325	FILING OR 371(c) DATE 05/20/2005 RULE	CLASS 600	GROUP ART UNIT 3735	ATTORNEY DOCKET NO. 742114-9
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APPLICANTS

Torben Dalgaard, Holstebro, DENMARK;
 Niels Toft Jorgensen, Loesnig, DENMARK;

** CONTINUING DATA *****

This application is a 371 of PCT/DK03/00041 01/23/2003 ✓ *8/3/07*

** FOREIGN APPLICATIONS *****

DENMARK PA 2002 00121 01/23/2002 ✓ *8/3/07*

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY DENMARK	SHEETS DRAWING 4	TOTAL CLAIMS 24	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>[Signature]</i> Examiner's Signature Initials				

ADDRESS

25570

TITLE

Blood pressure measuring device with a cuff of two openable concave shell parts

FILING FEE RECEIVED 1282	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
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Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Verified and /PATRICIA C MALLARI/ Acknowledged Examiner's Signature		<input type="checkbox"/> Met after Allowance Initials	STATE OR COUNTRY DENMARK	SHEETS DRAWINGS 4	TOTAL CLAIMS 24	INDEPENDENT CLAIMS 1
ADDRESS ROBERTS, MLOTKOWSKI & HOBBS P. O. BOX 10064 MCLEAN, VA 22102-8064 UNITED STATES						
TITLE Blood pressure measuring device with a cuff of two openable concave shell parts						
FILING FEE RECEIVED 1282	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit			